

Instructions for Completing the Electronic Billing Authorization

Prior to billing electronically, it will be necessary to execute an Electronic Billing Authorization. If you choose to employ a clearinghouse/intermediary to bill for you, the Billing Authorization includes a section for you to designate the name of the company and provides permission for the clearinghouse/intermediary to bill on your behalf.

After completing, **please make a copy for yourself (and your clearinghouse/intermediary if using one) and return the original** to the Electronic Billing Unit. We will update your provider account and call you when you are set up in our system. If you are using a clearinghouse/intermediary, you will need to notify them that you are ready to bill electronically.

PROVIDER INFORMATION

Name of Firm or Individual (Provider): List the group/clinic name, or individual practitioner name if no group affiliation. Only one Authorization under the business name is required to cover the entire group and any future practitioners added to the group. If an individual practitioner incorporates and adds other providers of service to his/her business under a new tax identification number (EIN), a new Billing Authorization will be required.

Address: List the provider's billing address.

City, State and Zip: List the city, state and zip code of the provider's billing address.

L&I Provider Account Number: List the group/clinic (or individual practitioner) provider account number assigned by L&I. This number is used to submit your bills electronically.

Contact Name: List the name of the person to contact if we have questions/concerns.

IRS Tax Identification Number: List your current taxpayer number (EIN or SSN).

Telephone: List the phone number of the provider's billing office.

CLEARINGHOUSE/INTERMEDIARY INFORMATION

Clearinghouse/Intermediary Name: List the name of the clearinghouse/intermediary you will use.

Address: List the clearinghouse/intermediary business address.

City, State and Zip: List the city, state and zip code of the clearinghouse/intermediary.

L&I Account Number for Clearinghouse/Intermediary: List the L&I provider number of the clearinghouse/intermediary you will use.

Contact Name: List the name of the person to contact if we have questions/concerns.

Telephone: List the phone number for the clearinghouse/intermediary.

AUTHORIZING SIGNATURE

Provider Name: Please print the group/clinic (or individual practitioner) name.

Signature and Date: The owner or office manager may sign and date the document.

Signatory Name (Print Name): Print the name of the person who signs the document.

If you have any questions regarding the Electronic Billing Authorization, please call (360) 902-6511 or (360) 902-6512.

Please return the completed Electronic Billing Authorization to the following address:

Department of Labor and Industries
Electronic Billing Unit
P.O. Box 44264
Olympia, WA 98504-4264